

Invoice Dispute Notification

Grantee _____ Grant Agreement No. _____

Invoice No. _____ Amount in Dispute \$ _____

Date Received _____ Date Returned to Grantee _____

The invoice referenced above is disputed for the following reasons:

- ☐ Incorrect format _____
- ☐ Noncompliance with grant terms _____
- ☐ Missing Item Submittals _____
- ☐ Incomplete Item Submittals _____
- ☐ Incorrect Line Item Billed or Incorrect Calculations _____
- ☐ Other _____

Comments: _____

If you have any questions, please contact Debra Lynn at (916) 445-4027 or dlynn@cdpr.ca.gov

cc: {name}, Grant Manager